

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913756

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		2		1		
6		2	Cancelled			
7		2		1		
8		2	Cancelled			
9	1		1			
10	1		1			
11		1				
12		1	Cancelled			
13		1	Cancelled			
14		1	Cancelled			
15		1		1		
16		1				
17		1	Cancelled			
18		1	Cancelled			
19		1	Cancelled			
20		1				
21	1			1		
22		1	Cancelled			
23		1	Cancelled			
24		1	Cancelled			
25	1			1		
26		1	Cancelled			
27	1			1		
28		1	Cancelled			
29	1			1		
30		1	Cancelled			
31		1	Cancelled			
32	1		Cancelled			
33		1	Cancelled			
34		1	Cancelled			
35		1	Cancelled			
36	1		Cancelled			
37		1	Cancelled			
38		1	Cancelled			
39		1	Cancelled			
40		1	Cancelled			
41	1			1		
42		1	Cancelled			
43	1		Cancelled			
44		1	Cancelled			
45		1	Cancelled			
46		5		1		
47		5	Cancelled			
48		5	Cancelled			
49		5	Cancelled			
50	1			1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1			1		
53		1				
54		5		1		
55		5				
56		1		1		
57		1				
58		1	Cancelled			
59		1	Cancelled			
60		1	Cancelled			
61		1	Cancelled			
62	1			1		
63		1				
64		1				
65						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	16	↓		↓
TOTAL CLAIMS			20			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

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